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# BUREAU OF RAILWAY ECONOMICS

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## Special Studies 1913, 1914, 1915

being its

Bulletins Nos. 45, 53, 62, 66,  
73, 75, 81, and 83

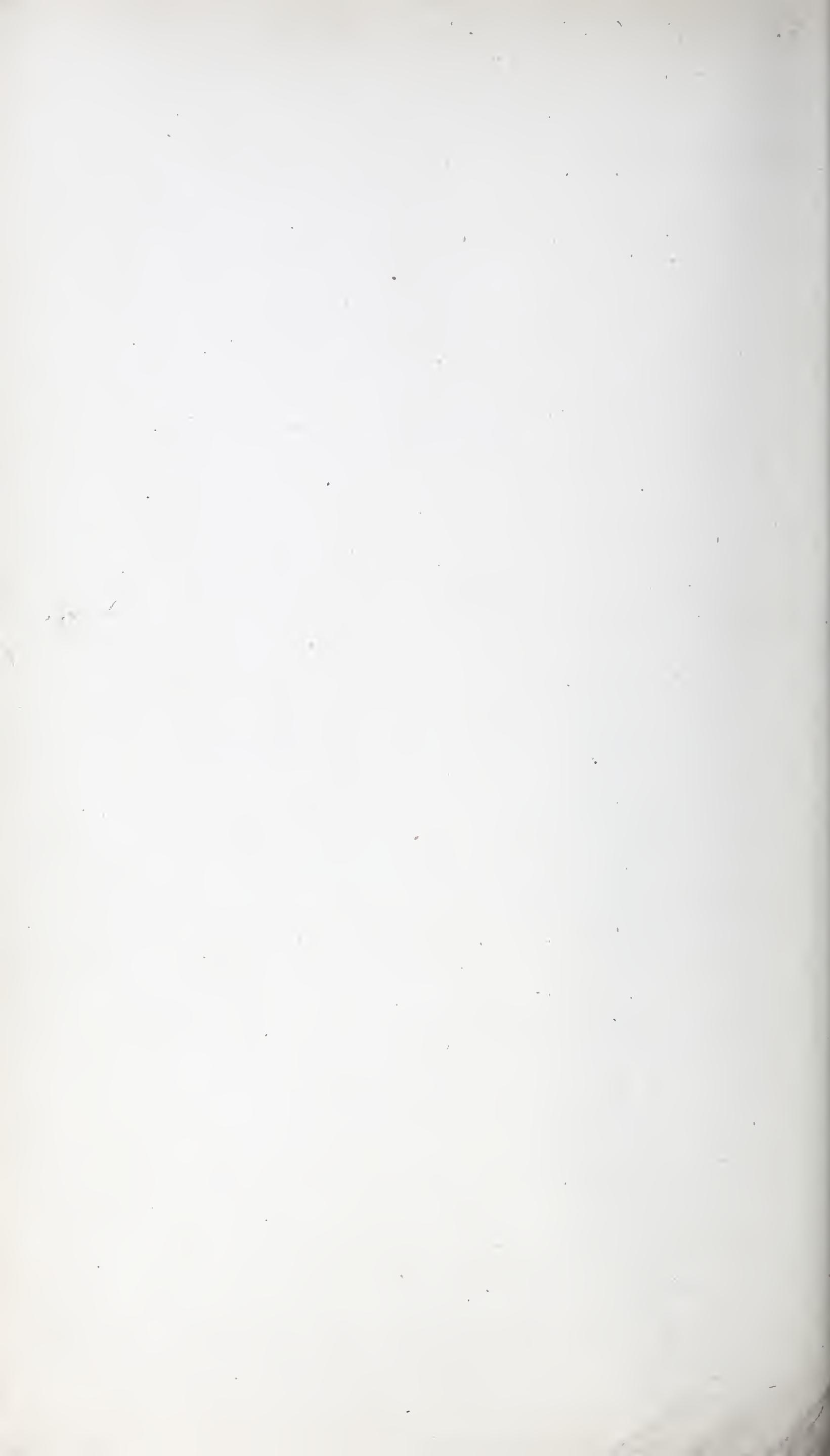
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NOTES ON THE HISTORY OF PSYCHIATRY  
VIII.

By SMITH ELY JELLIFFE, M. D., PH. D. — 1866 —  
New York.

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System. Post-Graduate Hospital and  
Medical School.

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## NOTES ON THE HISTORY OF PSYCHIATRY. VIII.\*

By SMITH ELY JELLIFFE, M. D., Ph.D.,

Adjunct Professor of Diseases of the Mind and Nervous System,  
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THIS installment continues the translation of Falk's Psychiatry of the Ancients. Notwithstanding the recent appearance of Kirchoff's chapter on the History of Psychiatry in Aschaffenberg's new *Handbuch der Psychiatrie*, this chapter of Falk still remains unique among historical contributions. Kirchoff's chapter falls far below it in insight and value and makes this English translation all the more desirable.

Our previous installment brought us to the work of Oribasius.

ORIBASIUS—Among the fragments of Oribasius, which we possess, we find the VIIIth book of the *Synopsis*, which deals with the head and nerve diseases, also with melancholia. (We also find a prescription for pediculi. Opt. XXVII.) He is essentially a compiler and generally quotes his authorities (as Philumeno on apoplexy,) but in this chapter he gives no names, although we find the Galenic doctrines concerning the nature and the treatment of hypochondria.

Again we find the recommendation of the use of hellebore. With great circumstantiality he explains in *Medin. collect. lib. VIII, cpt. I* the particulars of the hellebore cure. He recommends its use as the moon is waning. Further he adds that the treatment of melancholia is the same as that for insania. Philumeno had praised bryonia root in their treatment. He briefly takes up the subject of lycanthropy, but in the meantime makes the remarkable insertion of the treatment of those whom love has depraved to grief, insomnia and refusal of food. He recommends distractions of all kinds,

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\*Continued from page 322, Vol. XXXIII, Aug. 1912.

bathing and the like. That he not only has pure and modest love in mind, I should like to note that he reproaches the way of living of certain ones and describes as characteristic the hollow, tearless, but sensual eyes with everlasting tremor of the lids, which alone are in motion, whereas all remaining organs grow weak. Otherwise somatic remedies are alone discussed for the well.

Oribasius is the first who says nothing of phrenitis. However, he speaks of his "inflammatio cerebri" ex Philumeno, in which fever, continuous headache, redness and swelling of the entire face and head, also of the lids, occurs. If we are inclined to interpret this as erysipelas it is very striking that he also speaks of a brain erysipelas by which burning, headache, a pale, cold face and a hot tongue have been observed.

Finally he describes hydrophobia in which the patients are quite mute, yet recognize their relatives and refuse nourishment.

Recent authors have written concerning the educational rules of Oribasius for the strengthening of the body and mind of the youth.<sup>1</sup>

AETIUS—Another compiler, Aetius of Amida, devotes likewise in his Tetrabibl. II. Sermo II. a paragraph to the different head diseases, and no doubt in similar combination as Oribasius. But he makes a distinction between phrenitis (Posidonius,) and inflammation and erysipelas cerebri, and seems to regard delirium as pathognomonic of the former condition. Utilizing Galen's psychology, he distinguishes three kinds of phrenitis, accordingly as only the imagination, or only the reason, or the memory—these, however, with the loss of such faculties—are involved. In the first instance the anterior part of the brain, in the second the middle, and in the last the occiput is the site of the lesion.

Loss of memory can also arise apart from phrenitis through acute disease, old age and excessive study. What he writes concerning the therapy of phrenitis and imbecility (fatuitas) is Galenic.

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1. Frederich, Literar. Geschichte, etc. pg. 75. Sprengel, Op. cit.

We have already reported concerning the book of Rufus on melancholia.

“Insania” is described by *Archigenes* and by *Posidonius*. As in all of the hitherto described diseases, here also the brain is the suffering part, as either too much blood, as in drunkenness, or yellow bile flows to the organ. In the first case there is extravagance as the patient imagines he sees something funny, and sings. The patients also believe that they hear music, being misled by the buzzing in the ears. In the latter case the patients are anxious, sad, irascible and finally break out in wild delirium, during which they may become very dangerous, believing, as they do, that those about them are enemies. Sometimes both forms occur simultaneously. By a moderate diet the brain is often cleared of its overflow and amelioration or intermission of the excitement sets in. Sometimes insomnia appears periodically (per cuicuitum quendam irruit insania coacervato videlicet quod morbosum est. Opt. VII. “Insania” here is exactly the same as mania of the earlier authors). It preferably attacks the avaricious, hard tempered individuals, drunkards and such, in whom the habitual secretions are suppressed. The treatment is purely somatic.

Both compilations are of value for medicine in that they make us acquainted with what has been lost in the originals. The study of these interesting chapters of both authors is not quite fruitless for us since they contain Galenic as well as Hippocratic doctrines on the etiology of mental disease.

**ALEXANDER OF TRALLES**—A rich personal experience speaks from the writings of Alexander of Tralles. Alexander has been considered the greatest of the physicians of the ripest period of Greek and Latin natural sciences. So far as psychiatry is concerned he has however simply taken over what his predecessors have given him without increasing it. Yet it is probable that quite independent of Caelius Aurelianus, perhaps also unacquainted with the writings of Celsius, he made several good and striking observations, for which, according to his own statement, his wide experience offered abundant opportunity.

In Chapter XII of his Book I, we learn nothing noteworthy regarding phrenitis. He also explains an inflammation of

the brain and its membranes as induced by yellow bile, whereas lethargy is due in quite a similar manner to mucus.

We here find the humoral pathology in full bloom, just as it is in melancholia, which is distinguished from phrenitis only by means of its chronicity and lack of fever.

Melancholics are sometimes cheerful, others very violent, others quite idiotic. (Cum torpore molto se segnitie, quos Graeci vocant "moroi." Dementia or melancholy with stupor?) Some are afraid of death, others desire it. Again others believe they are able to prophesy the future. Some have quite free intervals in which they can attend to their business, others are continuously absent-minded. He distinguishes between forms of melancholia in which there is too much blood, in which the blood is mixed with yellow bile, and in which the blood is mixed with black bile. The first form occurs particularly in people who have led a life of grief and sorrow, also following severe attacks of hemorrhoids. In the second case the patients develop raving attacks with great ease. Purgatives and baths are warmly recommended. Scammony is well adapted as a laxative, and it is easily given in wine or in raw egg. (Patients should not be forced to take it against their will.) Stimulating laxatives, such as hiera, do harm in that they may induce attacks of great violence.

The humors are harmful because they fill the brain with bad vapors and spoil the animal spirits. Melancholia due to black bile in the blood is the worst of all. These patients are very depressed and finally develop very crazy ideas. They believe they are other persons, even lifeless objects, as is seen in many examples. To take away such illness psychic remedies are advised, especially suitable clever deceptions, such as have been understood by skillful physicians, and were successfully used by the author. He relates one of his own experiences in which a wife became melancholy during a long absence of her husband, but as he unexpectedly entered the room she fell upon his neck and from that time, without any other remedy, recovered. Such sudden changes of mind are proper for those who through grief and sorrow have developed the disease.

But if the disease has become deeply rooted neither reflection nor any other tricks are of value. Very often the disease is incurable. One may then try hiera, and if the patient seems to improve after its use (one can determine this by a lessening of the anxiety or by the patients becoming more quiet) it may be repeated several times. *Lapis Armeniacus* has seemed to be of service and is to be preferred to the old fashioned *veratrum*. His method of giving these drugs is explained in detail.

Alexander naturally maintained the well settled opinion held by all the great physicians since the days of Galen that the brain was the seat of the soul and of mental disease. The lever of all mental activity was the *pneuma*. Since his etiology included somatic and psychic causes, his therapy was a mixed one. However, the choice of psychic remedies, and the presentation of his entire method, is by no means as clever, nor as thorough, as are those of *Caelius Aurelianus*. His somatic therapy, to which he however ascribes the most important role, he seems to have elaborated quite independently. Numerical increase of remedies is no great progress. He acknowledges the unfavorable prognosis in some cases. Superstitious remedies, which he advises for other diseases (*Sprengel, Op. cit. Bd. II*) are not found in this paragraph.

**PAUL OF AEGINA**—A third compiler, Paul of Aegina, only needs to be mentioned in brief words. He does not give anything new. He repeats almost word for word the opinions of his predecessors, especially *Oribasius*. His therapy is somatic. In the treatment of love sickness, which, classed with the brain diseases, he holds is not absurd, (*Ad cerebr. affectiones etiam amores adjungere nihil absurdum est quum curae quaedam existent. lib. II cpt. XVII*) he considers mental entertainment in addition to good nourishment to be suitable.

**ACTUARIUS**—And now it may be permitted us to close the chain of the most important medical authors with the name of a man whose sphere of activity was occupied much later than that of Paul of Aegina, but one who however is of great interest for us as he supported with success the doctrines of the great philosophers and physicians of antiquity, especially in the field of psychology. It is *Johannes*, also called *Actuarius*,

who lived in the thirteenth century. Thierfelder (L. c.) acknowledges in him the greatest psychologist of the middle age. Although the study of the documents of Actuarius<sup>2</sup> make me feel that this praise is somewhat excessive, yet it cannot be denied that the descriptions and method of writing in his psychological work is truly attractive and noteworthy. I do not think it necessary to develop his psychological views here in extenso, as it does not come quite within the scope of our inquiry and furthermore Hecker has already given<sup>3</sup> in a clear and precise manner the thought of his psychology. I will only call attention to the fact that among the activities of the mind, according to Actuarius, phantasy localized in the anterior and memory in the posterior part of the brain, they could be disordered separately, as for instance in people who have had a great deal of distress. But if reason, which resides in the mid portions of the brain becomes sick, both of the other parts of the brain are likewise affected. The mind now suffers because the *πνευμα ψυχικον*, which is the cause of the same, has its seat in the brain, and since it is very thin, it extends its arms like a polyp through the entire brain and destroys it. This takes place since the juices already mentioned may bring about excitement or depression according to their abnormal compositon.

Since the *πνευμα ψυχικον* is thinner and dryer than the pneumata formed in the liver and heart, and which govern the vegetating functions, the proper remedy to preserve the mental health is to carefully regulate the bodily fluids, to live moderately and to strive to cultivate the intellect by means of music. Fully developed mental diseases are best combated by diet and by drugs, especially with purgatives and narcotics. (lib. II. cpt. XVII.)

In order to properly appreciate Actuarius, it is sufficient to bear in view that his thorough studies of the old established doctrines were made at a time when scholasticism had begun to cloud the comprehension and the doctrines of philosophers and physicians.

2. (Physici et Medici Graeci minores Alexander Tridentinus. *De Spiritu Animali.* 1567. Latin Translation.)

3 (Geschichte der Heilkunde, Th. 11, pg. 355)

Now that we have passed in review the series of authors and physicians and we have had the opportunity of becoming acquainted with the transformations in the comprehension of mental diseases, it seems necessary to recapitulate the most important points which can be gained from the preceding considerations.

Mental disease is as old as disease in general. The oldest sagas, the children of the phantasy of the people, describe several cases of transitory or fatal mental disturbances. The history of psychiatry proper, so far as classical antiquity is concerned, begins with Hippocrates. Most of the later physicians have more or less taken his teachings as examples, although modifying the same in many relations as a result of their experiences. Some have shown a greater variety of forms of psychic illness, others have developed more minutely the psychological processes obtaining in mental diseases, while still others have considered therapy in greater detail. None of the authors mentioned have adopted the opinion of his predecessors unconditionally and without criticism. Even the compilers of later times do not seem to have simply repeated the ideas of the older physicians and masters, but have compared them with the results of their own experiences. Each, with the poet, has sought from the inheritance of nature to acquire something of his own.

The multifarious correlations of body and mind, in health and in disease, have naturally not escaped the ancients and they have quite naturally explained them in such a way that they located the mind in a special organ of the body, and between the mind organ and the remaining parts of the body they assumed a more or less close relation.

Which part of the body was to be taken for the organ of the soul had been already correctly determined by a Pythagorean. Hippocrates has further explained that all the mental processes took place in the brain and drew therefrom the first conclusions regarding pathological conditions. His immediate successors did not follow him unconditionally in all his statements. Plato puts the "divine soul" in the brain only, the passions and desires were assigned to the heart and abdomen. Aristotle places all of the intellectual faculties in the heart,

but sees in the brain a sort of control apparatus for immoderate activities of the heart. Asclepiades differs entirely from Hippocrates, as he apportioned no distinct organ to the soul. According to Celsus, who is a follower of Asclepiades, it is seen, especially in his therapeutic teachings, that Asclepiades referred the seat of all abnormal action to the brain. Galen warmly accepted the old Hippocratic doctrine, and though he seems to be inclined to the Platonic doctrine that the liver is the seat of desire, yet nevertheless he develops very clearly the results of experiments and experience that the brain is not only the central point for sensation and for involuntary movement, but it is also the location of the mental processes of man. It was also he who made the effort to make a psychological analysis of the mental faculties of man. His ideas later found an interesting development by Johannes Actuarius. Galen, but still more Aetius, also tried to locate the different psychical qualities in different parts of the brain. From the time of Galen on the brain occupied its important place in the medicine of the ancients. It was also Galen once more who showed that these correlations between the brain and the rest of the body take place through the intervention of the nerves, and that those organs rich in nerves, such as the abdomen, were in close physiological and pathological connection with the brain. It must be noted that the old physicians never expressed themselves concerning the further relation of the psychical activities to the brain, and the relation of mind to matter in an extreme sense. Nowhere do we find in them such a crass materialism as is seen in the sayings of Lucretius. It may here be recalled that Lucretius claims the frequent occurrence of psychic disturbances as evidence for the mortality of the soul. The soul is, as he says, only a portion of the organism such as the hand or the leg.

Even the later schools, such as the pneumatics and the methodists, who seemed rather inclined to accept a material point of view for the psychical processes, do not entirely reject the possibility of a dynamic principle, and Galen, who however was no enemy of theoretical speculation, nevertheless came out with much emphasis that all such theses and hypotheses were of no value in practice.

According to their physiological point of view, the old physicians had a correct insight into the nature of mental disease. Already Hippocrates opposed the opinions of former physicians as well as those of his contemporaries, as he does not admit these affections to have a transcendental origin, but tries to see in them natural processes, as in all other diseases. They are diseases of the brain, he states, and all of his successors shared his opinion. Even if Celsus does not apportion these diseases to any definite place, yet nevertheless in his therapy he uses such remedies as act on the brain, many being locally applied to the head. Caelius Aurelianus has spoken most definitely upon this point. Mental diseases, he says, although not in the same words, are diseases of the brain which show psychic symptoms in the greater number of cases, but not always. Like all diseases they come within the domain of the physician's care. Thus far no philosopher has been able to bring about a complete cure.

It did not escape any of the students that to the psychical anomalies in these diseases multifarious somatic symptoms might be allied, partly as coeffects of the original brain affection, partly as further consequences of the abnormal mental condition. From the time of Hippocrates on, every one had called attention to these concomitant bodily symptoms. That they indeed have always laid the chief importance thereby upon the psychic manifestations is seen, among other things, that, as will be shown, they observed in a disease, in which in addition to the disturbance of consciousness there were many abnormalities of the vegetative sphere, a mental disease quite in the sense of to-day.

Of these bodily symptoms the nervous ones were the most prominent, and the ancients thus recognized also the close relation between mental and nervous diseases. Hippocrates had already referred to the close connection between epilepsy and mental diseases, to which Aristotle called attention. Later on Aretaeus developed in the most striking way the relation between these two processes, and all those who devoted a special chapter to mental diseases have, with the exception of Celsus, followed or preceded it by a chapter on nervous and brain disease showing principally bodily symptoms, and

in a more definite manner, Aretaeus pointed out the complication of mental disease with spasms as well as paralyses. Hippocrates especially mentioned the connection of the mental diseases with spasms and other nervous troubles, which had their origin in functional disturbance of the female sexual organs and therefore had been designated by the ancients as *Hysteria*.

So far as the mechanism or origin of mental disease is concerned, they had of course only hypotheses. Hippocrates upheld the theory of constitution and temperament, which played a great role in his physiology and pathology, as applying also to the psychoses, in that he assumed them to arise from disturbances in his hypothetical juices. All others have more or less advocated this theory, and especially Galen, who supported it with great dialectic, and the belief became so universal as to be taken up by the laity, as can be seen in the poets and dramatists. It is all the more striking that we find no trace of this doctrine in the work of Caelius Aurelianus, whereas even physicians of later activity, even Johannes Actuarius, eagerly followed this hypothesis. It is naturally abandoned at the present time, although certain expressions, showing their early origin, have been retained, largely for the sake of convenience. However, with reference to the significance of this ancient theory, I would like to refer to the words of Damerow (in the already mentioned critic of Friedreich's book, *Zeitschr. f. Psychiatrie*, XXIII. 5): "The derivation of most of the forms of mental disease from bile and mucus is certainly something very poor and tedious, but, not taking them too literally, it is undeniable that the forms of insanity originate from their corresponding temperaments as organic bases."

With respect to the elemental psychical disturbances in mental disease, Galen sought to develop these anomalies of thought out of the normal activities described by him, and later compilers have reproduced his representations, whereas Johannes Actuarius has modified the opinion of Galen somewhat. To all authors from Hippocrates on it was clear that insanity consisted very largely in disturbance of feeling, mostly of a sad nature.

Hippocrates had discussed in a few words—the later authors very completely—that in contrast to depressed and exalted moods and their resulting judgments and conduct in normal people, such moods may constitute the foundations of disease when a slight cause has sufficed to bring about a long continued action or increased activity, or when without external cause they originate from within. Also in the anomalies of the will in the mentally diseased the ancients clearly saw that the weakness of the will, as well as the marked impulse to activity, even to acts of violence, especially those dangerous to society, were evidences of disease.

It is of interest to note that Aristotle remarks that not only the violently maniacal but also the epileptic are dangerous in this regard.

Suicide and refusal of food in the mentally diseased, and their origin in most cases from melancholy have been much discussed by the ancients. Even Hippocrates speaks of the analgesias and hyperaesthesiae of such patients. He had also recognized the significance of hallucinations. He himself has only referred shortly to these deceptions of hearing and sight. Later authors have occupied themselves more in detail with these manifestations. Nowhere do we find the expressions "illusion and hallucination" in our authors' works, the words *phantoma* and *imago* are in general use; nevertheless Asclepiades clearly differentiated both ideas. Hallucinations, in a narrow sense, alone seemed to him to be of central origin. Further instruction is obtained neither from him nor from other authors who have paid but little attention to them.

As to the causes which the ancients suggested for mental disease and of such effects, which were not transcendental but originated like any other disease, and as to the classification of these afflictions, we shall return later.

So far as the pathological-anatomical knowledge of the old physicians is concerned it is not surprising that they cannot enrich our knowledge. It is known that in antiquity hardly any dissection of human bodies took place (perhaps however more often than is usually believed.) But how can we expect any information from the ancients about the anatomical processes in the normal or morbid activities of the mind, when

even our present complete anatomical methods leave us in doubt? Asclepiades first, and mostly all of those following him, describe phrenitis as a disease of the membranes of the brain, whereas in the remaining psychical illnesses the brain itself is attacked. How they supported their statement does not appear in the text, and I have already tried to prove that we are not permitted to consider phrenitis as a meningitis alone.

Hippocrates also states that anemia of the brain can cause mental disturbance. Though this statement concerns chiefly acute processes, it is evident that it is not based upon observations made at the dissecting table, and though to him, as well as to later physicians, the concomitant, sometimes causative, affections of the abdominal organs were not unknown, this coexistence must have been comprehended through observations on the living. And even if they do not mention many complications seen in the living, we can draw no conclusions from that fact.

Regarding the prognosis of mental diseases the ancients agreed upon the severity of the condition; the acute forms (one must bear in mind that phrenitis represents the majority of these) are always critical, though not always fatal, and the fever and delirium accompanying the acute diseases share in the prognosis of the fundamental disease. The chronic psychoses are tedious at best, but even they may have a fatal termination, as for instance during an attack of frenzy. The frequent relapses were first pointed out by Celsus; Aretaeus adds that the prospect of recovery diminishes with the number of relapses.

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(To Be Continued.)

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# NOTES ON THE HISTORY OF PSYCHIATRY

## IX.

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## NOTES ON THE HISTORY OF PSYCHIATRY.

### IX.\*

By SMITH ELY JELLIFFE, M. D., PH. D.

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THE present communication contains the final installment of the translation of Falk's Psychiatry of the Ancients. This brings to a close a rather hastily thrown together translation, but inasmuch as it was my object to make the material available to non-German reading students, rather than to spend time upon literary or philological form, its many inadequacies may be overlooked.

I purpose a continuation of the translation of Friedreich, chapters from which have already appeared and also some notes of the psychiatry of the Middle Ages. This period has been neglected by nearly all historical students. Snell and Monkmöller alone have made real contributions.

"Aretaeus was also the first to emphasize that imbecility may develop after frequent or long persisting attacks of mania and melancholy, and after many years of epilepsy. It is surprising that neither Hippocrates, Asclepiades nor Celsus

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\*Continued from February Number.

have mentioned this. Only the words of Aristotle can perhaps be explained in that sense. If we read their statements about the outcome of those diseases we receive the impression that, whenever death or suicide did not interrupt their course, restoration of the mental functions took place, although first after long continued treatment and without security of relapse. Aretaeus now called attention to the unfortunate consequences to the reasoning faculty which may arise out of mania and melancholy. Hippocrates had also described feeble mindedness (perhaps congenital) but without making it clear whether he classed it with melancholia and mania. The relation of these processes did not escape Plato. Furthermore, it is not always possible to know if the successors of Aretaeus, when speaking of the stupidity and apathy so common in melancholia, in reality had in mind apathetic imbecility or only the stupid melancholic form. I wish to point out once more that Aretaeus regarded senile delusion, manifesting itself chiefly in stupidity, as incurable, and that according to the majority of the authors the cases which occur during adolescence, as melancholy often does, have a more favorable prognosis. The ancient authors do not speak of insanity in infancy with exception of congenital imbecility.

Regarding the therapy of mental diseases the philosophers of oldest times, and later Plato, held that mental occupation, namely with music and the noble sciences, particularly philosophy, in conjunction with bodily exercise is the best means for protecting body and mind from disease. Later Oribasius laid down some excellent educational rules. We do not find any psychic remedies for the treatment of the developed psychopathies from the beginning of medical history from Hippocrates up to Asclepiades. He gave the first right points of view for a psychic treatment. If Damerow in the previously mentioned review means that the merit of Asclepiades lies in his saying what common sense ought to understand, I like to contrast it with the statement that, in the first place, "common sense was not unknown to his predecessors," and that in the second place "his so obvious advice" has long been forgotten.

Celsus employed psychic remedies extensively, though

always as adjuvants to the somatic treatment which in his opinion was the essential. Caelius Aurelianus was the first to recognize the equal importance of the two methods and the necessity of skilfull combination; he gives therapeutic instructions which surprise us greatly through the prudence, experience and humanity which speak out of them, whereas Aretaeus and Galen, who did not attribute mental diseases to psychic causes, used purely somatic measures. Even the later and latest successors of Caelius could not rise to the sublimity of his point of view. We find no useful remarks concerning the criterion of recovery.

Among the somatic cures hellebore plays a great part. Being a laxative it found frequent application on the assumption that many forms of mental disease, especially hypochondria, had their source in the abdomen, and was moreover recommended for the derivation of injurious fluids from the brain, and as an emetic. This remedy has now disappeared, not only from the domain of psychiatry, but from our *materia medica*. However, in the narcotic remedies which later on have been praised not only as hypnotics, but as direct cures in mental disturbances, we have a group of substances whose healing effect in this field is not undervalued up to the present day. About external remedies we learn that blistering, which was highly esteemed in antiquity, was also recommended for mental diseases. Every nerve specialist will approve of this. Asclepiades tried to induce sleep with cold sponge baths and friction. Local counter irritation was not as heroic as at the present time. Vesication, cupping and leeches were applied directly to the head, because near to the suffering organ. Asclepiades did not approve of this procedure and he also fought the extensive use of bleeding advocated by all except by him and Caelius Aurelianus. Cold applications, bleeding and sometimes mineral waters were employed out of similar theoretical suppositions as the hellebore cure. Among others Celsus and Aurelianus believed that they could reach the brain with smelling remedies and injections into the ear. If some body disease was recognized as the cause of insanity its treatment was not omitted. The diet, which in the entire therapy of the ancients held the first place, was

naturally not neglected in mental diseases. Most of them, acting on the assumption of an irritable condition of the brain, advised a restriction of the diet.

Caelius Aurelianus emphasized that moderation was necessary in restricting the diet as well as in allowing wine and other stimulants. Regulation of diet, almost without any use of medicine, was accorded the first place in the treatment of mental conditions by Hippocrates. To mitigate the irritation which acts upon the brain he advised, especially at the beginning and height of the disease, rest of body and mind, whereby the transition to the really psychic treatment has been made. We have already sufficiently given our opinion of the psychic remedies advocated by Celsus and Aurelianus and of the statements of the ancients about coercive measures. In this relation Caelius has left behind valuable instructions, remarkable in their freedom from all extremes.

I like to mention again that Celsus attempted to cure refusal of food by psychic measures as he let the patients enjoy the sight of feasters. But it is not mentioned whether he and his followers were successful.

Although in the psychiatry of the ancients, as in all medical studies, the therapy was considered the ultimate aim, we nevertheless miss in their writings one indispensable stipulation which in many cases suffices to bring about a cure, namely the removal of the patients from their accustomed surroundings, as is best done by removal to a sanitarium. From the information gathered from medical and non-medical writers of antiquity, as well as other authorities of these times it is clear that the ancients had no hospitals. Their establishment commences with the beginning of the Christian era. Thus we find nowhere a hint of the existence of asylums appointed to the cure or treatment of the mentally diseased. (Compare Hecker, *Geschichte der Heilkunde*, II, pg. 285, and Haeser, *Geschichte christlicher Krankenflege u. Pflegeschaften*, pg. 1-8.) These authors bring forth that the residence of the patients near the Aesculapian temple in former times, and the *Valetudinarien* of the Romans cannot be compared with the present sanatoria.

We read on one hand in Plato, that one ought not to let the maniacal into the street alone, and on the other hand, Caelius explains with great care how necessary it is to isolate the patient from his troublesome surroundings, and describes even with exactness the arrangement of the separate infirmary. But at all events only the wealthy could afford such an arrangement. In view of the lack of proper isolation of the patients it is remarkable that such good results were obtained, and I can offer no explanation unless we assume (which the facts do not warrant) that the ultimate results were poorer than at the present time. Nor have we any reason to believe that the mental diseases appeared in a milder form and did not require such drastic measures as the removal of the patient from his accustomed surroundings.

The question of the lack of asylums during ancient times is further of interest as it leaves us in doubt as to the means by which the ancients gathered their knowledge of the course, prognosis and treatment of mental diseases. Nobody can deny that accurate observation of such patients is only possible in institutions. We can, however, not measure their knowledge of psychiatry by the incompleteness of their writings. They have certainly enriched our knowledge of mental diseases, and, as I have endeavored to bring out, the writers following Hippocrates have not only comprehended the general characteristics but also special symptoms. That Hippocrates nowhere enters into detailed descriptions is a peculiarity of the School of Cos. The adherents of that school have only endeavored to develop the general characters and to build up rules on these. This is clearly in contrast to the present methods of clinical examination. I like to remark here that Hippocrates and some of his contemporaries opposed the physicians of the Cnidus School and opened a controversy with them on the writing.  $\pi\epsilon\rho\iota\delta\alpha\tau\eta\ o\zeta\epsilon\omega\eta$  (Littre's luminous description, Argument du régime dans les maladies aigues, Edition des Oeuvres d'Hippocrates.—) If the experience of Aretaeus, Caelius and Alexander now surprise us, how much more instructive would their writings be if they had been able to illustrate their theories and observations with more detailed case histories. Such histories as we possess,

and which relate to mental diseases, are too short and incomplete and can only be regarded as curiosities.

It is perhaps the special merit of the reformers of psychiatry (I do not think that Pinel, Langerman and others studied the ancients) of later times that they have quite independently freed their specialty from the errors and superstition of the Middle Ages and have returned to the point of view embraced by the great physicians of antiquity. Later authors have continued to build upon this foundation.

It is evident that the ancients did not take up psychiatry as a specialty, but only gave to it the same consideration which they gave to other branches of medicine. Their studies in psychiatry were worthy of those in the other fields of medicine, which we shall however, always consider as the foundation of all medical research. Their views on psychiatry, and especially their practical rules for treatment, are given in a pleasing and modest form, perhaps a little too concise. Galen only is often tiresome and diffuse. The poor Latin of Caelius does not detract from the value of his writings, while the classical style of Celsus, Aretaeus and Hippocrates equals that of the great poets and prose writers of antiquity. A kind fate has preserved for us the best works, though they are not quite unimpaired. Other men who devoted their attention to and revived an interest in psychiatry, as Rufus, Posidonius, and others, have left such meagre remarks that we cannot form an opinion of their significance.

To these considerations of the doctrines of the ancients we may add something concerning the pragmatic history of mental diseases during antiquity. What do we learn concerning the frequency of mental diseases in antiquity from a study of these authors? To realize the impossibility of answering this question for so remote a period one has only to consider the difficulty, in spite of available asylum statistics, of accurately determining whether there is a relative increase of mental diseases in the present century. However, one circumstance leads us to think that mental diseases were far from infrequent in former times, namely that every one of the ancients devoted to them some space in their writings, and, far from treating the subject casually, have shown, and some have even stated

plainly, that they have had a great number of mental patients under personal observation and treatment. (This does not apply to Galen, whose exaggeration of his medical experience equals that of some writers of the present day.) We may further ask whether the natural or social conditions of that period were more conducive to mental health, and are thus brought to the question of the etiology of mental diseases in antiquity. Which are the causes according to the opinions of the ancients? We know that the authors who adopted only the somatic treatment assumed only somatic causes, or, rather, based their therapy upon their etiological views. The somatic causes are especially held forth by Hippocrates. These are: acute diseases, (apart from the chronic mental disturbances arising from acute phrenitis and fever delirium) nervous diseases, as epilepsy and hysteria, tuberculosis, functional disturbances of the abdominal organs, suppression of habitual secretions, child birth, intoxication and, as Aetius emphasized, alcoholism. Psychic causes are first mentioned by Plato. He and others mention grief, fright, worry, love, debauchery, continuous mental exertion, (especially occupation with affairs of state) and night work. The importance of heredity escaped them. This fact seems the more remarkable as, according to the Greek law, marriage among blood relations was not only allowed, but encouraged, and in the light of recent experience we would expect that there were frequent illustrations of heredity as an etiological factor. Nowhere do we find an adequate representation of the various causes. Only Plato states clearly how the mental factors act first upon the nutrition and thus become harmful.

The ancients do not always distinguish between the causes and the symptoms of the incipient stage, but they did realize that certain temperaments predispose to certain forms of mental disturbance. It is evident that Lippmann (1. c.) errs in stating that Plato alone believed in psychic causes. The passions did not at that time excite the mind to such an extent as to cause insanity very often. Thierfelder, in his *Kritik der Schlager'schen Abhandlung*, Schmidt's *Jahrbucher der gesammten Medizin*, 1861, Nr. 12, speaks of several factors which have a preventive action, as for instance a favorable

climate. The telluric and atmospheric conditions which constitute climate have been regarded by ancient and modern physicians as indirect factors in the causation of various diseases, including the psychoses, but have not been discussed with such clearness and comprehension by any one as by Hippocrates. His description of these conditions as he had occasion to observe them in his own sphere of action shows that the climate was not exactly a mild one.

Hippocrates and others of that period, in agreement with modern writers, attributed some acute epidemic diseases to atmospheric conditions. Thierfelder recommends a "public sphere of action," but I do not see how it can effectively prevent psychoses. On the contrary, the incentive to ambition and the passions would more likely be harmful. Neither can one attribute any etiological importance to the position of women in antiquity and to their influence on the social order of the times. Although chivalry blossomed at a later period, love has at all times moved human beings. As mythology and ancient history prove in many ways that not only pure, chaste love, but all forms of perversions and sexual excesses were only too well known to antiquity. Love also figures in the etiology of the psychopathies. Regarding the "cultivation of cheerfulness" I wish to point out that Aretaeus classified religious delusions as a form of mania. Religious manias were probably not very rare, though they did not assume such proportions as in later times.

It may be argued that while syphilis and alcohol were known to antiquity, and the effects of the latter upon the nervous system and mentality recognized, they were not such plagues as in our days. Two important causes of mental disorders can thus be eliminated, in spite of the fact that recent investigations have shown that syphilis was more prevalent in ancient times than we formerly supposed.

It is doubtful whether certain social and political conditions have any bearing upon this question, as for instance, slavery. The striking prevalence of syphilis among the slaves in America is not significant in view of the widely differing conditions of life. We can also dismiss the notion that the Greeks and Romans as "Cultur Volker" were exposed to

those diseases in the same degree and for the same reasons as nations of the present civilizations. Recent reports show that the closely related and severe neuroses are more frequent among the uncivilized nations of today. (Hirsch, Op. citat. Bd. II, Art. Hysterie.) Similarly, we learn from the ancient writers that in Arcadia, a country to which civilization had not yet penetrated, the inhabitants, a rough, nomadic tribe, were subject to a peculiar psychosis, lycanthropy. This at times assumed epidemic proportions and was attributed to the primitive mode of life of the people.

It is quite conceivable that an increase in psychic disturbance is one of the unfortunate consequences of the undeniable superiority of modern culture over ancient civilization. (The moral progress has especially been emphasized by the authorities on ancient history. See Lippman's quotation (l. c.) from Boeck's *Staatshaushalt der Athener*, *Zeitschr. f. Psychiatrie*, XXIII, 55.) However, I do not think that the Greek and Roman history of psychiatry justify such an opinion, although certain phases of modern culture cannot be entirely ignored as contributing factors. For instance, our methods of bringing up children may in a measure be responsible for the not infrequent occurrence of mental disease in childhood. With the exception of congenital imbecility no mental disturbance in childhood seems to have been observed by the ancients. Puberty with its multitudinous effects upon the organism apparently marks the onset. Senile dementia is on the other hand frequently mentioned.

We cannot therefore decide with certainty whether psychoses were more frequent in antiquity than at the present time. (For a short resume see *Zeitschr. f. Psychiatrie*, Jahrg. XIV.)

This brings us to the question of the varieties of mental disease observed by the ancients. It is not easy to classify them, as the ancients in general were no friends of differentiation. Probably they were aware, as we are, that in psychiatry especially are divisions and subdivisions difficult. Hippocrates distinguishes two forms of chronic insanity, mania and melancholia, the former derived from black, the latter from yellow bile. He mentions also acute processes and his

division into acute and chronic diseases is apparent through all subsequent works on pathology. It is strange that all writers place phrenitis in the former class. We have seen that this disease is characterized by various forms of delirium in combination with somatic disturbances. Nevertheless we cannot form an accurate opinion of its true nature as several authors describe different processes under the same name. Fever delirium was regarded as a different form of acute mental disturbance. Celsus and others mention sudden paralysis of mental activity and the slow restoration of function after apoplexy, and Hippocrates and his followers speak of the more or less transitory disturbances of the intellect after the use of poisons, as mandragora and veratrum. It is well known that they regarded alcoholic intoxication as a transitory psychosis. Aristoteles compared it with  $\mu\alpha\tau\alpha$ . Hippocrates is the only one who mentions delirium tremens. It is indeed remarkable that none of the other writers of the antiquity mention delirium tremens. I have looked in vain for a reference to it both among the acute mental diseases and among the complications of traumatism or internal diseases. From what we know of Greek and Roman wines they do not either in composition or effects resemble our whiskey, and it is therefore not clear how delirium tremens could develop. Excessive indulgence in wine was recognized as a cause of neurosis and chronic psychosis.

It is possible that some remarks of Hippocrates and of Celsus refer to the acute delirium of recent authors. In the chronic forms all writers distinguish between the depressive and maniacal. (Even Galen and his followers made this distinction in phrenitis and lethargy.) Aretaeus pointed out that a strict line cannot be drawn between these two varieties, as numerous transition stages existed, which has been further emphasized by compilers. In fact, in some forms the two states alternate, but these have not been especially designated. Caelius, and especially Alexander, merged the two under the term chronic delusion. It was otherwise recognized by all, and emphasized by Aretaeus, that there are innumerable varieties of mental disease, according to the dominant idea, but that nevertheless the fundamental characteristic in each

is either depression or exaltation.

Aretaeus alone regarded religious insanity as a special form. The delusions characterizing melancholia are of course mentioned, as daemonomania, suicidal mania, poisoning mania and lycanthropy. Celsus brought out that violent attacks of mania may occur in the course of melancholia. *μανία*, which was the term used by the early authors and also by Caelius Aurelianus to designate insanity, was applied by Aretaeus and his successors to mania only, as in the sense of today. Aristoteles and Aetius emphasized that they could appear periodically and with quiescent intervals. We have already stated that Hippocrates mentions what is probably transitory mania, but gives it no special name.

Hippocrates has also observed that the basic cause of insanity arose primarily in the brain, or resulted from secondary irritation of the brain from other organic lesions. Upon this foundation Galen built up the etiology, and accordingly classified mental diseases into idiopathic and deuteropathic with further divisions into acute and chronic, and into depressed and exalted states. A typical example of deuteropathic melancholia is hypochondriasis in which the abdominal organs are the seat of the primary lesion. Hypochondriasis was considered by all the authors as a characteristic form of melancholia. Caelius differentiates it from other psychoses and describes it under the name melancholy.

The descriptions of satyriasis can only be interpreted in the sense of nymphomania. Hysteria is mentioned in the book *περὶ παρθένων* of the Hippocratic collections. Hydrophobia in man seems to have been much more frequent in olden times than now. Schramm does not refer to it in his *Geschichtliches über Hydrophobie*, Corres. Blatt f. Psychiatrie, 1864. Hydrophobia is classified by Themison and Oribasius, in opposition to Caelius, among mental diseases because of the fear, refusal of food and clouded consciousness.

I may further remark that the philosophers of the early as well as of the late periods of antiquity did not strictly separate the passions and stupidity from mental diseases. Plato describes "divine" conditions, some of which we may perhaps interpret as hysteria, but others, as love and the gift of poetry,

can hardly be assigned to any group of diseases. Oribasius also regards lovesickness as a form of insanity.

We have already referred to the opinion of the ancients concerning feeble-mindedness. I shall only add that Damerow has justly pointed out how difficult it was for the ancients (not only for Aretaeus) to apply their own classification to cases of pure foolishness and madness already recognized as mentally deranged. The same author remarks that the delusional ideas of being transformed into leafless objects and different personalities originated in mythology.

That the ancients do not mention cretinism is not to be wondered at when we consider that the majority lived in countries in which cretenism was not endemic. (Hirsch, Op. cit. Bd. I, p. 395.)

Hippocrates has also mentioned that besides the fully developed insanities, there are individuals who, though not quite insane, nevertheless present peculiarities of character and moderate excitability, and in whom slight somatic disturbances cause delirium.

Many of the ancients may have recognized that psychic disturbance may exist without delirium, but nowhere do we find any special name for such morbid conditions.

In reviewing these writings we find almost all the forms of mental disease known to us and we cannot therefore accept the supposed infrequency of insanity, which is based on the less numerous varieties in antiquity. The only form not mentioned is progressive paralysis of the insane. (It is of no importance here that in our nosology the term is used collectively for various anatomical-pathological processes.) As its symptoms are mentioned in several places it is possible that the ancients did not regard this disease as an entity, but classified its somatic symptoms with the other forms of paralysis and with the convulsions, especially epileptic, and its psychical disturbances with the depressive stages of melancholia, the ominous megalomanic delusions in mania and finally the terminal dementia with the *fatuitas moria*. It is surprising that the striking coexistence of characteristic somatic symptoms and, in most cases, pronounced psychic anomalies should have escaped the keen observers of antiquity,

especially as it is not a disease of short duration, and as its true nature is unmistakable in at least the last stages. I have scrutinized every paragraph but find no reference to it and must conclude with Morel that paralytic insanity was unknown to the ancients. Syphilis and alcoholism have lately received much attention as causes of paralysis. Whether the absence of this disease can be ascribed to the infrequency of these two factors I can not say. Morel assumes a compensatory preponderance of some other form of mental disease. We only know that with the exception of phrenitis and ly- canthropy the psychopathies described are those occurring at the present time, and it cannot be determined from the material in hand if melancholia, mania or transition forms have predominated. Nor is it possible to discover any difference in this respect between Italy and Greece. Nearly all of the authors which I have mentioned after Aristotle lived in Rome, and if they have left more information on this subject than their predecessors it only proves that the understanding of this condition improved with the progress of general medicine.

Nor can I make out if the therapy of the ancients influenced the form of mental disease. We have seen that the therapy of the later authorities did not differ much from our own. The opinion which they held of their therapeutic measures is illustrated by Caelius' statement that the depletion which melancholics were subjected to often led to disgust with life and suicide, and that immoderate restraint moreover sometimes increased insanity or caused it to break out. But if his results differed I am unable to say.

Hardly any mention is made by any of the ancient authors of forensic medicine, except by later Roman lawyers, as Ulpianus, but we are less interested in the legal than in the psychic freedom of the individual. I shall only call attention here to the words of Aristotle, that acts of violence committed by the feeble-minded, maniacs and epileptics should be judged and treated differently from those committed by individuals who from evil habits or bad bringing up have never learnt self-control.

In expressing our admiration of the knowledge which the ancients had of psychiatry our praise is the more justified when

we compare the artful and at the same time careful accounts of their diagnostic and therapeutic measures with the dim picture of psychiatry in later times which the modern reformers had to face.

I like to apply to the psychiatry of the ancients Hippocrates' words dedicated to his predecessors after he had accentuated how necessary but also how difficult it is to take the right course:

οὐ φημι δη δεα τουτο δειν την τεχνην ως ουκ εον δαν ου δε καλως ξητεομενην την αρχαιην απι βαλεοζοι, ειμηξει περι παυφα ακριοιην, αλλα πολν μαλλου δια το εγγυς αμαι, του α τρεχ κεζυτου ομου ζυναο ζαι ηαξν ηωγιωμω προσιξω ζαι και εκ πολλης ζανμαζειν τα εζενρημευα ιμις καλως και ορζως εξεορ η ται, καιιονκ απο τυκης.

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NOTES ON THE HISTORY OF PSYCHIATRY. X.

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(Cont. from May, 1911.)

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IT is nearly two years now since the last contribution which I published in the *Alienist and Neurologist* on the History of Psychiatry. In the August number, 1913, I finished a translation of Falk's celebrated study on the Psychiatry of the Ancients, promising to return to the classical work of Friedreich, the chapters from which I have had in preparation for some time, chiefly through the courtesy of Dr. C. Bruder while interne in the Government Hospital for the Insane in Washington.

Work on the two large volumes of Modern Treatment of Nervous and Mental Diseases, with Dr. W. A. White of Washington, published by Lea & Febiger in 1913, on the Translation of Dejerine's Psychoneuroses, published by Lippincotts in the same year and a second edition in 1914, on the Diseases of the Nervous System, a Text-book of Neurology and Psychiatry, by Dr. White and myself. The translation and publishing in the Nervous and Mental Monograph Series of Rank's Study on the Myth of the Birth of the Hero, and in the Journal of Nervous and Mental Disease of Eppinger & Hess' Study on Vagotonia with Dr. W. M. Kraus of this city, these with a steadily increasing and arduous practice have interrupted me in the fulfilling of my promise to continue this series of Notes on the History of Psychiatry.

I have indulged in this personal reference largely because Dr. C. H. Hughes has encouraged me to continue these notes, advising me that some of his readers have found them of interest, and furthermore, because the original sources are mostly inaccessible to students of psychiatry.

In 1906 when I began the translation of Friedreich's History, there were only four copies known to me in the libraries of this country. In the same year I found a copy of it in Berlin and was about to "get away with it" when to my interest I found it had been obtained for Dr. Adolf Meyer for the Phipp's Institute. Shortly thereafter I secured a copy for my own library.

In February, 1910, February, 1911, and in May, 1911, in the *Alienist and Neurologist* the work of Friedreich on the Ancient Period was begun. I purport going on here from where we left off in May, 1911, and took up the work of Friedreich.

## XVI.

### CELIUS AURELIANUS

Celius Arelianu<sup>s</sup> in <sup>1</sup>the writings<sup>2</sup> of Grainger<sup>3</sup> is placed before Galen and Aretaus with respect to his writings on mental disturbances. His discussion<sup>4</sup> of mania and melancholia and especially of mania is a very detailed dissertation.

I. The chapter on Mania begins with the exact etymology of the word, which follows: "Plato in the Phaedrus mentions two kinds of madness; one a mental strain, caused by the body, the other divine or instilled and that Apollo is the inspirer of it and it is called divination, by the Ancients, however, called madness."

"The very ancient Greeks used to call by the name mania what is now called mantike (prophecy.)"

"Likewise another, he says, comes from Father Bacchus, another from love and he calls it erotikon. Another from the muses, which he calls protreptikon, (stimulating) which appears to inspire song. The Stoics said madness was twofold, one a kind of folly, which they thought made every fool insane, another from the alienation of the mind and sympathetic (affection) of the body. The followers of Empedocles say one is caused by the purging of the soul, another by the alienation of the mind, caused by unevenness (lack of balance) of the body, about which we are about to write which the Greeks, if anyone has a great uneasiness, call mania or what un-

duly relaxes the soul or the mind; for they call it manon (loose), abandoned or soft; or truly what pollutes invalids, for the Greeks call lumainein to pollute; or truly what makes the patient desire wildernesses or solitudes, for the Greeks call being left alone and seeking the wilderness monosthai (—to be solitary); or what holds the body too tenaciously and is driven off with difficulty; on account of that the Greeks spoke of it as mania or surely what makes the invalids hard and enduring, which the Greeks call hypomonetikous (patient.)"

Mania is a chronic ailment without fever, this differentiates it from phrenitis. It occurs in youth and manhood, is more common in males than females, and more common in youth than in old age. Sometimes its causes are obscure, at other times they are known and again largely so it may arise because of psychic disturbances. If the disturbance does not appear suddenly it is preceded by symptoms similar to those that precede epilepsy and apoplexy. Following<sup>6</sup> this, Aurelian gives a detailed description of the disease as given by earlier writers. It appears from the following:

"So then one mad man thinks himself a sparrow, another a cock, another a God, another an orator."<sup>7</sup>

That he mixes illusion (Fixenwahn) with delirium (Wuth). It is strange to note that he maintains<sup>8</sup> that mania is not a disease of the mind;<sup>9</sup> first because the philosophers had written nothing of its treatment, and secondly because bodily ailments preceded the condition.

The treatment, he says, is the same as for epileptics. He especially points out the need for complete rest, and the keeping away of disturbing influences as light and contact with strange persons, etc. It is noteworthy that he gives especial instructions to the attendants, and that he gave thought to psychic treatment. He is the first one to recommend the use of the leech in the corporal treatment of the insane.<sup>11</sup> The balance of his treatment is quite similar to that of his predecessors. He is very insistent on sleep for the patient. For the convalescent he gives various psychic directions, such as

reading and conversational practice, and the seeing of plays. Each should be amused according to his education. For the uneducated, shows only are suitable. In addition bodily activity, baths and friction rubs should be provided. In closing, Aurelianus censures some of the methods of treatment used by other physicians.<sup>12</sup> It is in this criticism that we learn the methods of Asclepiades in which he makes use of singing, music, the lash, binding, compulsion through hunger and thirst, wine, and kindness. It is these that Aurelianus censures.

Caelius Aurelianus discusses melancholia with a few words.<sup>13</sup> He gives depression as its chief characteristic and seeks for its cause in the disturbance of the digestive system, and as a psychic cause he gives fear and sorrow. It is more common in the middle aged and men, than in women and other periods of life. His description of the disease is quite similar to that of Aretaeus. He discards blood letting and hellebore and his entire treatment centers around astringents and cathartics.

Outside of this his therapy here is the same as that given for mania. He recommends a mixture of aloe and absinth as a potion.

## XVII

### GALEN

Claudius Galen, born in Pergamos, in Asia Minor in the year 131, supplies less on the pathology and therapy of diseases of the mind in his numerous writings than one would expect, although Daniel Halback writes a whole book about him in reference to this subject.

Both of Galen's discussions on the diagnosis and treatment of the errors of every soul (On the diagnosis and treatment of the diseases peculiar to every soul) are not pertinent here. Their contents are ethical and censure the customs of his time. What material would be of use here is scattered in single passages.<sup>14</sup> and there is nothing in them that has not been given in the previous chapters. Therefore, I will consider his works briefly.

In melancholia he makes a marked difference as to whether it is the entire mass of blood that is affected

or only that of the brain; he says this makes an essential difference in treatment, for in the first instance where the entire body contains melancholic blood, it is essentially necessary to let the blood, while in the second instance, it is unnecessary, unless there are other indications for doing so.

Galen sets forth at length and in detail, what kinds of meats and noruishment are the cause of melancholic blood. As other writers of his time he mixes melancholia with a fixed delusion (Fixenwahn). All melancholics are similar in that they suffer from fear, sorrow, and misanthropy, and are tired of life, however, all do not wish to end their life. Some even fear death. Just as the external darkness instills fear in persons who are not stout hearted, black bile produces fear in melancholia by darkening the spirits of life in the patient. The physician and philosophers are agreed that the humors of the body had a distinct influence on the function of the spirit. Therefore, those physicians who do not write of this influence of the humors (for example Erasistratus) did not trust to write on melancholia.

In a similar manner as told of by Erasistratus, Chap. XI, Galen disclosed the secret love of a woman for the dancer Pylades, through feeling her pulse<sup>16</sup>:

Cl. Galeni, de dignotione atque medela errorum in cuiusque animo; Graece ed Joh. Casel, Helmst. 1592, Graece et lat Rudolst 1715.

Cl. Galenus, de dignoscendis curandisque animi morbis. Basel 1587.

Dan Halbach von der Porten. De Cognoscendis et curandis animi morbis ex Galeni sententia Regiomont. (Konigsberg). 1515.

## XVIII MARCELLUS

About Galen's time there lived in Rome, Marcellus, born in Sidas in Pamphilian (therefore he bore the surname Sidetes.) He wrote<sup>17</sup> forty-two books on medicine in hexameter, in which appears a description of lycanthropy, which I mentioned in Chap. IV.<sup>18</sup> These patients howl like wolves, and wander about at night in graveyards and other out-of-the-way places. The disease appeared to grow worse in the spring of the year.

Oribasius<sup>19</sup> and Aetius<sup>20</sup> have saved fragments of the writings of Marcellus.<sup>21</sup> They will be quoted when discussing Aetius.

## XIX

### ORIBASIUS

Oribasius,<sup>22</sup> a friend and contemporary of Emperor Julian,<sup>23</sup> as is well known, made extracts from the published medical works of his time and systematically arranged them into seventy books.<sup>24</sup> From these books he drew the most important matter and gave the work the title of *Synopsis*.

Oribasius therefore ranks only as a compiler;<sup>25</sup> and it will not be necessary to dwell on him long since most of what he has to say has been given in extracts from the authors previously quoted.

Of his essay on melancholia we only have a fragment, for he begins with a third type of melancholia.<sup>26</sup> According to his description it is hypochondriasis. Fear and depression are the chief symptoms given. Treatment consists of proper diet, baths, and in the deep rooted sickness aloe, absinth, colocynth, and black hellebore should be given. He differentiates melancholia from insanity, and designates the latter as the ripened fruit of the black biled ills. The article is titled "ex Philumeno." The treatment of insanity is the same as that of melancholia.

The tenth chapter<sup>27</sup> deals with lycanthropy taken from Marcellus.

With regard to psychic dietetics, Oribasius teaches that the bodily development of a child should be looked after before trying to cultivate the mind. A good education consists in allowing the mind to rest until the seventh year, and not till then should a child be given literature. Grammar and geography should not be attempted until the fourteenth year.

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1. From Sicca in Numidia. The dates of his life are not accurate. It appears that he quotes Galen and Galen quotes him, therefore, it is taken that they lived about the same time. (J. G. Voss, *de natur. artium*, Lib. V. Cap. 12.) It is taken according to barbarian Latin that he lived about the 5th century (Reines var. lect. Lib. III., Cap. 17.) In other general respects we can take him as a contemporary of Trajan and Hadrian.

2. *De morbis acutis et chronicis*, Libri. VIII. (Amstel 1755.)
3. *De febre anomala batava*, Altenb. 1770, p. 87.
4. *Morbor. chron.* Lib. I., Cap. V, VI. (P. 325-341.)
5. The word "furor" was generally used by the ancients in a protracted sense; so that it can be taken to signify an unruly display of pleasure, as for example in Horace *Carm. Lib. II. Carm. VII*, Vers. 27, 28. ". . . . recepto. Dulce mihi furere est amico." "It's sweet to me to be mad (with joy) over a friend regained."
6. Page 326, etc.
7. Page 328.
8. Page 329.
9. The statement that the presence of psychic disease is not to be sought in the mind, but in the body. I tried to prove in my sketch on the general diagnosis of phychic diseases. Wurzburg, 1829. Sec. 6.
10. Page 329-339.
11. And if the countenance or face is much affected, the whole body will have to be relieved by bloodsuckers, which we call leeches.
12. Page 335-339.
13. Page 339-341.
14. In the books: *de symptomat caus.*, *de symptom different* and *de loc. affect.*
- Lib. III, Cap. 6, 7, 10 (Vol. VII) Edition of Charter, Paris: 1679 fol.
15. *De loc. affect.* Lib. III. Cap. 10.
16. *De praecognitione*, Cap. VI (*Zacutus Lusitanus* (de medical princip. Hist. Lib. I, Histor. 40) comments on this story of Galen.
17. Sprengle, *Hist. of Medicine*, II B. S. 172.
18. Eudocia, apud Villoison, anecd. graec. I. 299.
19. *Synops.* Lib. VIII. Cap. 10.
20. *Tetr.* II., *Serm.* II. Cap. II.
21. *Fabricii Bibl. graec.* ed. Harles T. I. p. 15.
22. Born in Pergamus according to Eunapius (vit. sophist. p. 181) and according to Philostorg (hist. ecclesiast. Lib. VII. Cap. 15, p. 520) in Sardis. He lived up to the middle of the 5th century.
23. Oribasius accompanied Emperor Julian on his last campaign, who appointed him questor at Constantinople, and he was sent on several important missions, for example to the Oracle at Delphi. (Cedren, chronic. Paris, 1647. ed. Fabroti, p. 250.) The followers of Julian, Valens and Valentinian, banished and took from him his title, but later seeing their injustice, recalled him and made public restitution. (Eunap. a. a. O. p. 182.)
24. Only 17 of these books remain to us.
25. Heinroth, a. a. O. S., 89.
26. *Synops.* Lib. VIII., Cap. 7.
27. *Synops.* Lib. VIII., Cap. 10.
28. Aetius gives the same fragment from Marcellus. I will quote it under Aetius.
29. *Synops.* Lib. V., Cap. 14.

(TO BE CONTINUED.)

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